

## SUPPLEMENTAL APPLICATION DATA SHEET



### Application Information

**Application Number::** 10/822,140  
**Filing Date::** April 12, 2004  
**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested Classification::**  
**Suggested Group Art Unit::** 1645  
**CD-ROM or CD-R?::**  
**Number of CD Disks::**  
**Number of Copies of CDs::**  
**Sequence Submission?::**  
**Computer Readable Form (CFR)?::**  
**Number of Copies of CFR::**  
**Title::** MULTIVARIATE PROFILING OF COMPLEX BIOLOGICAL REGULATORY PATHWAYS  
**Attorney Docket Number::** 31978-202807  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::** 1, 2, 3A-3B, 4-7, 8A and 8B  
**Total Drawing Sheets::** 8  
**Small Entity?::** No  
**Latin Name::**  
**Variety Denomination Name::**  
**Petition Included?::**  
**Petition Type::**  
**Licensed US Govt. Agency::** National Institutes of Health  
**Contract or Grant Numbers::**  
**Secrecy Order in Parent Appl.?::** No

## Applicant Information

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** USA  
**Country::** USA  
**Status::** Full Capacity  
**Given Name::**  
Kevin  
**Middle Name::** L.  
**Family Name::** GARDNER  
**Name Suffix::**  
**City of Residence::** Montgomery Village  
**State or Province of Residence::** Maryland  
**Country of Residence::** USA  
**Street of Mailing Address::** 19216 Drumridge Circle  
**City of Mailing Address::** Montgomery Village  
**State or Province of Mailing Address::** Maryland  
**Country of Mailing Address::** USA  
**Postal or Zip Code of Mailing Address::** 20886-3930

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** USA  
**Country::** USA  
**Status::** Full Capacity  
**Given Name::** Wendy  
**Middle Name::** Jo  
**Family Name::** FREEBERN  
**Name Suffix::**  
**City of Residence::** Cazenovia  
**State or Province of Residence::** New York  
**Country of Residence::** USA  
**Street of Mailing Address::** 2460 Juddville Road

**City of Mailing Address::** Cazenovia  
**State or Province of Mailing Address::** New York  
**Country of Mailing Address::** USA  
**Postal or Zip Code of Mailing Address::** 13055

### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-4000  
**Fax Number::** (202) 344-8300  
**E-Mail Address::** njaxelrod@venable.com

### **Representative Information**

**Representative Customer Number::** 26694

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>	<b>Status::</b>
This Application	Claims benefit to	60/461,410	04/10/2003	ABN

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## **Assignee Information**

**Assignee Name::** Government of the United States of America, as represented by the secretary, Department of Health and Human Services

**Street of Mailing Address::** National Institutes of Health  
Office of Technology Transfer  
6011 Executive Boulevard, Suite 325  
Rockville

**City of Mailing Address::**

**State or Province of Mailing Address::** Maryland

**Country of Mailing Address::** USA

**Postal or Zip Code of Mailing Address::** 33136